

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse —so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DuPont
Thomas L. Sager
Senior VP and General Counsel

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Lise Eachus

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Lise Eachus

C. Date of Delivery

7/11/11

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No



640790

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7004 1160 0003 0353 5707

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

Kevin Shade (6SF-TE)
U.S. EPA
1445 Ross Ave, Suite 1200
Dallas, TX 75202

